



2018-2019 Cortland Figure Skating Club USFSA Test Session Application

Date: Dec. 8, 2018 • 8:00am-4:00pm

Tests Accepted: Up to & inc. Gold Dance/MITF/FS

Deadline: Nov. 28, 2018

Date: Mar. 17, 2019 • 8:00am-4:00pm

Tests Accepted: Up to & inc. Gold Dance/MITF/FS

Deadline: Mar. 5, 2019

Location for both sessions: J.M. McDonald Sports Complex

Please Print:

Name _____ USFSA # _____ Phone # _____

Address _____

Home Club _____ E-Mail _____

On the tables below, please circle test type, level, dance code and fee for EACH test that you are taking:

Dance					CFSC Members	Non CFSC Members	
Preliminary	DW	CT	RB	--	\$ 24	\$ 32	
PreBronze	SD	CC	FIT	--	\$ 28	\$ 36	
Bronze	HH	WIW	TF	--	\$ 32	\$ 40	
PreSilver	14S	EW	FT	--	\$ 36	\$ 44	
Silver	AW	T	RF	--	\$ 42	\$ 50	
PreGold	K	BL	PD	SW	\$ 48	\$ 56	
Gold	VW	WW	QS	AT	\$ 54	\$ 62	
Internat'l	RV	SS	MB	CO	\$ 60	\$ 70	
Internat'l	YP	TR	GW	AW	\$ 60	\$ 70	
Circle Applicable	Standard track	Solo track	Adult track	Masters track	Completes Level?	Y	N
Partner Name:							
Partner Email:							
Canadian Dances	Please contact the test chair. Must have current Skate Canada registration or pay registration fee of \$35.65 USD. There is a Skate Canada fee of \$12 USD per Canadian test in addition to the test fees above.						

Moves in the Field	CFSC Members	Non CFSC Members	Freestyle	CFSC Members	Non CFSC Members
PrePrelim	\$ 28	\$ 38	PrePrelim	\$ 24	\$ 34
Preliminary	\$ 32	\$ 42	Preliminary MUSIC Y N	\$ 28	\$ 38
PreJuvenile	\$ 36	\$ 46	PreJuvenile	\$ 32	\$ 42
Juvenile	\$ 40	\$ 50	Juvenile	\$ 36	\$ 46
Intermed.	\$ 44	\$ 54	Intermed.	\$ 42	\$ 52
Novice	\$ 49	\$ 59	Novice	\$ 47	\$ 57
Junior	\$ 54	\$ 64	Junior	\$ 52	\$ 62
Senior	\$ 59	\$ 69	Senior	\$ 57	\$ 67
Adult PreBrze	\$ 34	\$ 44	Adult PreBrze	\$ 29	\$ 39
Adult Brze	\$ 39	\$ 49	Adult Brze	\$ 34	\$ 44
Adult Silver	\$ 44	\$ 54	Adult Silver	\$ 39	\$ 49
Adult Gold	\$ 49	\$ 59	Adult Gold	\$ 44	\$ 54
Pro Name:					
Pro Signature:					
Pro Email:					

Test Fee Summary	CFSC Member	Non CFSC Members	Return completed applications to: Jennifer King MacKenzie • 17 Braeside Drive, Homer, NY 13077 • jenn.kingmac@gmail.com 315-225-1852 (cell) or 607-749-4772 (home) Please make checks payable to Cortland Figure Skating Club. NO REFUNDS after deadline or for contingent tests. Costs noted on this form include 8% NYS sales tax.
Dance Subtotal:	\$	\$	CFSC Home Club members have testing priority as long as form and payment are received prior to the deadline. Applications from non-CFSC members will be accepted on the basis of when the application is received as well as the availability of ice time and judges. Test forms will not be accepted nor spots held without payment. Deadline serves as an ending date to accept applications and in no way guarantees a skater a testing spot.
Moves Subtotal:	\$	\$	
Freestyle Subtotal:	\$	\$	
Registration Fee:	\$ 5	\$ 20	Specific time requests must be noted on your application. We cannot guarantee, but will do our best to accommodate, time requests for religious, school or coach conflict reasons. Schedule of test times will be posted at the rink and on our website (cortlandskating.com) at least 1 day before the test session. Skaters should be at the rink one hour before their scheduled test(s).
Late Fee (\$25):	\$	\$	
Total:	\$	\$	FOR CLUB USE: Check # _____ Date rec'd _____

USFSA and its Member Clubs hosting tests undertake no responsibility for damages or injuries suffered by the candidates. As a condition of the acceptance of their applications, all candidates and their parents and/or guardians shall be deemed to have agreed to assume all risks of injury to the candidate's person and property resulting from, caused by or connected with the conduct and management of the tests, and to release any and all claims which they may have against any officials, the USFSA, the club hosting the tests and against their officers. Applications shall be accepted only on the foregoing conditions.

Parent or Skater's Signature _____ Date _____
(Parent if skater is under 18)

_____ is a member in good standing of the _____ Club, has met all USFSA requirements, and has permission to take the above listed tests.

Club Officer's Signature _____ Office _____ Date: _____